PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			OH JUN 24 PH 12: 19		
DOCUMENT # P96000008164 1. Corporation Name Ticket Emporium, Inc					OH JUN 24 PANZ. TATEA SECRETARISEE, FLORIDA TALLAHASSEE, FLORIDA		
2777 N. Poinciana Blvd 891 Markham Wood Rd							
2. Principal Off		3. Mailing Office Address 891 Markham Wood Rd			REINSTATEMENT 97-04		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MEINDIAIERREER 11-04		
		18			4. Date Incorporated or Qualified		
City & State		-City & State			To Do Business in Florida 01/01/96		
Kissimmee, FL		Longwood, FL			5. FEI Number Applied For S9-3348529 Not Applicable		
Zip 34746	Country USA	zip 32779	Country USA		6. CERTIFICATE		5 Additional Fee required or a Certificate of Status
7. Name and Address of Current Registered Agent							
Victor Hilaire Street Address (P.O. Box Number is Not Acceptable) 891 Markham Wood Rd Suite, Apt. #, Etc. City Longwood State Zip Code 32779							
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent X Date X D							
9. Names and Street Addresses of Each Officer and/or Director/(Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Officers and/or Directors					City / State / Zip	
Pres Vi	ictor Hilaire		891 Markham-Wood F	₹d~		Longwood, FL 3277	9
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							
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Ticket Emporium, Inc

2777 N. Poinciana Blvd. Kissimmee, FL 34746

June 21, 2004

Division of Corporations Corporate Filings PO Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

I am sending copy of the Application for Reinstatement of my company, for some reason I did not receive the Uniform Business Report for the last years, since 1998, probably because we change the address two times during these years.

The document number is P96000008164 FIN 59-3348529 (Ticket Emporium, Inc), I never received the original Uniform Business Report, and I did not know we have to pay this fee every year until my bookkeepers advice me and told me I was inactive according the Division of Corporations. I do not have any problem to pay the annual fees, but I asking for wave the penalty of reinstatement fee, please receive my check of \$1.050.00 for my company, I will be waiting for your answer to fix this situation, my phone number is 407-396-0315 or you can call my bookkeepers at 407-896-2481 Better Business Services, Inc.

Thank you for your time and consideration.

Victor Hilaire President

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